

## Fill in this information to identify the case:

Debtor 1 Janice K Goode

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number 17-10327



## Official Form 410

## Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Cavalry SPV I, LLC as assignee of Citibank, N.A.</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>Citibank, N.A.</u>		
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Cavalry SPV I, LLC</u> Name <u>500 Summit Lake Drive, Ste. 400</u> Number Street <u>Valhalla</u> <u>NY</u> <u>10595</u> City State ZIP Code  Contact phone <u>(800) 501-0909 x53450</u> Contact email <u>bankruptcy@cavps.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>  <u>Cavalry SPV I, LLC</u> Name <u>P.O. Box 27288</u> Number Street <u>Tempe</u> <u>AZ</u> <u>85282</u> City State ZIP Code  Contact phone <u>(800) 501-0909 x53450</u> Contact email <u>bankruptcy@cavps.com</u>	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>C</u> <u>P</u> <u>S</u> <u>C</u> <u>A</u> <u>V</u> <u>1</u> <u>7</u> <u>1</u> <u>0</u> <u>3</u> <u>2</u> <u>7</u> <u>P</u> <u>A</u> <u>P</u> <u>7</u> <u>1</u> <u>9</u> <u>0</u> <u>4</u> <u>6</u> <u>3</u> <u>7</u>			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 4 6 3 7

7. How much is the claim? \$ \$22,012.88. Does this amount include interest or other charges?  
☐ No  
☒ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
  
CREDIT CARD

9. Is all or part of the claim secured? ☒ No  
☐ Yes. The claim is secured by a lien on property.  
**Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_  
  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☒ No

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Yes. Check one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

Check the appropriate box:

- ☐ I am the creditor.
- ☒ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 5/4/2017  
MM / DD / YYYY

/s/ Tracyan Frame

Signature

**Print the name of the person who is completing and signing this claim:**

Name Tracyan Frame

First name Middle name Last name

Title Bankruptcy Specialist

Company Cavalry Portfolio Services, LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 500 Summit Lake Drive, Ste. 400

Number Street

Valhalla NY 10595

City State ZIP Code

Contact phone (800) 501-0909 x53450 Email \_\_\_\_\_

**BILL OF SALE AND ASSIGNMENT**

THIS BILL OF SALE AND ASSIGNMENT dated March 31, 2016, is by Citibank, N.A., a national banking association organized under the laws of the United States, located at 701 East 60th Street North, Sioux Falls, SD 57117 (the "Bank") to Cavalry SPV I, LLC, organized under the laws of the Delaware, with its headquarters/principal place of business at Delaware ("Buyer").

For value received and subject to the terms and conditions of the Purchase and Sale Agreement dated March 29, 2016, between Buyer and the Bank (the "Agreement"), the Bank does hereby transfer, sell, assign, convey, grant, bargain, set over and deliver to Buyer, and to Buyer's successors and assigns, the Accounts described in Exhibit 1 and the final electronic file.

**Citibank, N.A.**

By:   
(Signature)

Name: Terri E. Bergman, SVP  
GEID: 0000491824  
Citibank, N.A.  
11500 NW Ambassador Drive, Ste. 400  
Kansas City, MO 64153  
terri.bergman@citi.com  
816-505-6803

Title: \_\_\_\_\_

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**Citibank, N.A.**

By:   
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GEID: 0000491824  
Citibank, N.A.  
11500 NW Ambassador Drive, Ste. 400  
Kansas City, MO 64153  
terri.bergman@citi.com  
816-505-6803

Title: \_\_\_\_\_



# Statement Of Account

Janice K Goode 530 REGIS CT APT B1 BENSALEM, PA 19020

Principal Due \$22,012.88

Interest Due \$0.00

All Other Charges \$0.00

Filing Amount \$22,012.88

Name of the entity from whom the creditor purchased the account Citibank, N.A.

Name of the entity to whom the debt was owed at the time of the account holder's last transaction on the account Citibank, N.A.

Last Transaction Date 01/06/2013

Last Payment Date 01/06/2013

Account Charge Off Date 08/09/2013

# Citi® Dividend Card



**JANICE K GOODE**

Member Since 2001 Account number ending in: 2832

Billing Period: 07/10/13-08/09/13

**How to reach us**

**www.citicards.com**

1-866-775-0556

BOX 6062 SIOUX FALLS, SD 57117

**Minimum payment due:** **\$22,389.72**  
**New balance:** **\$22,389.72**  
**Payment due date:** **09/06/13**

**Late Payment Warning:** If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35 and your APRs may be increased up to the variable Penalty APR of 29.99%.

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	1 month(s)	\$22,390

For information about credit counseling services, call 1-877-337-8188 New York residents may contact the New York State Banking Department to obtain a comparative listing of credit card rates, fees and grace periods by calling 1-877-226-5697.

**Your account is past due.** Please pay at least the minimum payment due, which includes a past due amount of \$3958.01 and an overlimit amount of \$2479.72.

## Account Summary

Previous balance	\$22,012.88
Payments	-\$0.00
Credits	-\$0.00
Purchases	+\$0.00
Cash advances	+\$0.00
Fees	+\$0.00
Interest	+\$376.84
<b>New balance</b>	<b>\$22,389.72</b>

## Credit Limit

Revolving Credit limit	\$19,910
Includes \$0 cash advance limit	

Please print **Address Changes** on the reverse side



**Pay online** [www.citicards.com](http://www.citicards.com)



**Pay by phone** 1-866-775-0556



**Pay by mail** Use this coupon

- Enclose a valid check or money order payable to CITI CARDS. No cash or foreign currency.
- Write the last four digits of your account number on your check.

**Minimum payment due** **\$22,389.72**  
**New balance** **\$22,389.72**  
**Payment due date** **09/06/13**

**Amount enclosed:**

Account number ending in 2832

000000 PW 32 A 0

JANICE K GOODE  
31 N MAPLE AVE  
APT 448  
MARLTON NJ 08053-1737

CITI CARDS  
PO BOX 9001037  
Louisville, KY 40290-1037